Milwaukee County Department of Health and Human Services Division of Youth and Family Services	Original Date Issued: 04/01/2020	Current Review Date: 02/03/2020	Section: SERVICE	Policy No:	Pages: Page 1 of 5
Policy & Procedure	Last Revision Date: N/A	Current Review By: RS/DP			(2 Attachments)
Division of Youth and Family Services (DYFS)	Current Effective Date:	Subject:			
Detention Center  DYFS Services Network	04/01/2020	Transportation Services Policy			
Purchase of Service Agencies					

### I. Policy

It is the policy of the Division of Youth and Family Services (DYFS) to provide adequate and effective care to all youth and families and meet their service needs. DYFS recognizes that transportation can be a barrier to receiving services and, therefore, provides transportation services to be used as a last resort for case plan related appointments when youth/family have no access to vehicle, bus system, or other transportation options.

### II. Scope

This policy applies to Human Service Workers (HSWs) requesting transportation services for youth and/or families from the transportation providers in the DYFS Provider Network.

Transportation Providers/Drivers are not authorized to provide services to youth and their families outside of their role as a Transportation Provider. If requested, Providers are to report this to the HSW immediately.

## III. Service Requirements

### Youth-Specific

- A. Transportation services must be identified as a direct support of the youth's Youth Assessment Screening Instrument (YASI) case plan.
- **B.** Provisions of the transportation service must be a short-term intervention while the HSW is simultaneously working with the family to seek alternative transportation options.

### **Accompanying Adult**

- A. Youth age 12 and under must be accompanied by the parent/guardian.
- **B.** When a parent/guardian is not available, another adult escort can accompany the youth age 12 and under. Escorts are adults age 18 or older who may include a parent, family member, foster parent, caregiver, legal guardian or other individual as authorized by the child and family team. (Note: contracted *paid* Providers may not be used as escorts.)
- C. Only one (1) adult will be authorized to be transported along with the youth regardless of age.

### IV. Procedure - Referral for Service

### A. HSW Responsibilities

- 1. Staff case with HSW Supervisor to seek approval for the following:
  - > Appropriateness of the transportation service for this youth's case plan needs;
  - > frequency needed; and
  - > length of time being requested.
- 2. Document staffing outcomes and HSW Supervisor approval in Synthesis case notes, including the HSW Supervisor's recommendation for:
  - > Appropriateness of the transportation service for this youth's case plan needs;
  - > frequency needed; and
  - > length of time being requested.
- 3. Complete an electronic Referral Form in Synthesis.
  - > Transportation Referral Form (*Refer to Attachment A*) is available in Synthesis under the "FORMS" tab, under "DEMOGRAPHICS."
  - > Referral Forms must include the following information:
    - a. Transportation Provider name;
    - b. youth name and contact information;
    - c. one-way or round trip specified;
    - d. parent/guardian/escort's name and contact information;
    - e. date(s) of transport date must include month/day/year;
    - f. pick up/drop off locations and times;
    - g. emergency contact information other than adult accompanying youth;
    - h. HSW contact information;
    - i. Specify Service Authorization Request (SAR): Transportation 5577; and
    - i. number of units authorized.
- 4. Scan complete Referral Form to DCSDAdmin@milwaukeecountywi.gov.
- 5. Notify the Transportation Provider immediately regarding any changes to the contact information (i.e. people, agencies, etc.) noted on the Referral Form to prevent any lapses or delays in services.

### B. <u>DYFS Administration Responsibilities</u>

- 1. DYFS Administration will verify HSW Supervisor's approval of the request by viewing the staffing case note.
- 2. DYFS Administration will forward Referral Form to Transportation Provider.
- 3. Upon receipt of confirmation for service, DYFS Administration will enter the initial SAR and notify the HSW.

### C. <u>Transportation Provider Responsibilities</u>

1. **Referral:** Transportation Provider will review and notify DYFS Administration of referral status via email (<u>DCSDAdmin@milwaukeecountywi.gov.</u>)

Note: Providers cannot transport DYFS youth without receipt of referral and authorization PRIOR to service.

2. **Dispatch/Communication:** The Transportation Provider must have an agency staff person available to receive or make calls until the last youth of the day has been dropped off and received by a responsible caregiver. All vehicle drivers must have some means of communication with the Transportation Provider (i.e. cell phone, dispatch radio, etc.) while

- transporting youth. These communication devices must always be in good working order and turned on during transport.
- 3. All youth (minors) must be received by an identified/responsible adult caregiver when being dropped off at an agency, home, appointment, etc.

### V. Procedure - Deviations

- A. Cancellation of Service: If a transportation request needs to be cancelled for any reason, it is the responsibility of the HSW to notify the Transportation Provider regarding the cancellation. The call should be made as soon as the need to cancel becomes evident. This includes cancellation of "one time" and "repeat" rides. When canceling repeat transportation rides, the HSW must scan/email the original written Referral Form with "cancel all rides" on the form and DCSDAdmin@milwaukeecountywi.gov.
- **B. Running Late:** If a Transportation Provider's driver anticipates that they are going to be more than 15 minutes late for a pick-up, they must notify the service recipient that they will be picking up or the identified contact person responsible for the youth at that pick-up location of the anticipated late arrival time (i.e., the therapist, if the youth is at a counseling session). It is also permissible for the Transportation Provider dispatcher to make the call to the youth/contact person. The driver/dispatcher should inform the youth/contact person of the situation and indicate the time that the driver will arrive. If this arrival time is acceptable to the youth/contact person, then no further arrangements need to be made. In the case of a late transport for a minor, the contact person should then notify the identified caregiver of the situation and remain with the youth to provide supervision.
- C. In a situation in which 15 minutes have lapsed and the youth/contact person has not received a call from the Transportation Provider's driver indicating that they are running late, the youth/contact person should initiate a call to the Transportation Provider to inquire about the arrival time. If the Transportation Provider cannot be reached, then the youth/contact person will need to decide if they want to use an alternate means of transportation.
- **D.** If returning from an appointment, the contact person of the agency waiting for the transportation services should refer to the service recipient's Referral Form for the caregiver, emergency contacts and HSW phone numbers to assist them in coordinating an alternate means of transportation.
- E. If an alternate means of transportation is sought and arranged, and the Transportation Provider's driver arrives in the meantime, the youth/contact person (with permission from the guardian/caregiver in the case of a minor) should inform the individual with whom arrangements have been made and they should collaboratively determine if the Transportation Provider's driver should still do the transport. If it is determined that the Transportation Provider's driver should not transport the youth, then the Transportation Provider CANNOT bill for that transport or mark the contact as a "No Show".

### VI. Documentation Requirements

A. Transportation Signature Logs/ Documentation

Transportation Providers must maintain a transportation "Signature Log" for ALL rides billed to Division of Youth and Family Services (*Refer to Attachment B*) is available from Division of Youth

and Family Services in Synthesis, which the Transportation Provider can use to satisfy this requirement.

The transportation Signature Logs must contain the following:

- > Transportation Provider name:
- > youth name;
- > type of trip;
- ➤ date of transport date must include month/day/year;
- > service recipient;
- > start time;
- > end time;
- > trip number (if using Synthesis generated Signature Log);
- > location;
- > number of riders;
- > driver initials;
- responsible adult signature; and
- > relationship of responsible adult to youth.

### B. Transportation Signature Log/Documentation Maintenance

- 1. The Transportation Provider must keep ONE (1) Log per youth/per month.
- 2. The Transportation Provider can determine how they prefer to file their Logs for active youth (i.e., per month/year, per youth, etc.). If the Log is not being kept in the youth's file during the time services are being actively provided, the Log must be filed in the youth's file immediately following the last date of service.
- 3. Referral Forms and other relevant youth related documentation must be kept in an organized manner and be easily accessible. Each youth must have their own file. All youth related information is confidential, and all youth files must be kept in a safe and secure cabinet or room. Youth files of minors must be maintained by the Transportation Provider until the youth turns 19 or seven (7) years following the last date of service, whichever is longer.

### VII. Procedure - Service Provider Billing

- A. Transportation Providers are paid on a "per trip" basis. The "per trip" rate of \$15 dollars is reimbursed per passenger, per one-way trip.
- **B.** Transportation Providers are required to use Synthesis to submit weekly billing invoices. Providers bill for the number of trips provided by entering one (1) unit per one-way trip. (Note: Provider training on the DYFS online billing system is available through the DYFS Fiscal Specialist).
- C. Transportation Signature Logs must be submitted monthly, in conjunction with Synthesis invoicing, via facsimile to the DYFS Fiscal Specialist (William.Holton@milwaukeecountywi.gov).
- **D.** Escorts traveling with children under the age of 12 may be claimed as an additional passenger and may be billed accordingly. Providers may only invoice for one escort per trip. The names of all escorts must

be listed on the transportation Signature Log under "Person being Transported," and in the "Relationship to Youth" column the word "escort" must be written.

E. Transportation Providers should work with the service recipient's HSW to minimize appointment "No Shows". Transportation Providers are reimbursed for up to two (2) "No Shows" per client, per month. Payment for "No Shows" is calculated by DYFS finance staff and is based on the Transportation Provider entering "zero" as the number of passengers on the trip log. Transportation Providers CANNOT bill a "No Show" when they arrive late for a pick-up and other arrangements have already been made to transport the passenger.

Reviewed & Approved By:

Mark Mertens, Division Administrator

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Division of Youth and Family Services

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# **Referral for Transportation**

Form Entered for			
Form Date:		Client Name:	DOB:
	FORM	ELEMENTS	
Current Referral Da	ate (date this Referral Form is being faxed to t	he provider.)	
Transportation Ver	ndor Requested		
Type of Transporta	ation (select service code)		
Phone number for	driver to call (required ONLY IF this is a r	eferral to American Taxi)	
4		* * * * * * * * * * * * * * * * * * *	
Name of person(s)	to be transported		
€		>	

Relationship to youth

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▼	
of Management	
Reason for transportation request	
•	
· company	
If 'Other' selected as Reason - describe (This MUST be	illed in if Other is listed as the reason.)
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D1 1 11 D .	
Pick Up Date	
3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
Pick Up Time	
Tick op Tille	
Pickup Location (Include agency name AND address)	
(minute agone) name no access)	
	-
	·
1	► III
Drop Off Time	

Dropoff Location (Include agency name AND address)

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	dividual dividual
How often will trips occur	
The state of the s	
If this is a recurring trip, specify details (i.e., every Wedne	esday / Tuesdays and Thursdays / etc.)
1	
Trip Type (1 way or round trip)	
If a round-trip ride, second pick-up time (American Taxi Di	OES NOT ACCEPT ADVANCE REQUESTS for the Round Trip Return Ride, The
passenger needs to call 220-5000 for a Taxi when ready for a return ride.)	
Emergency Contact Name	
4	<b>*</b>

**Emergency Contact Phone** 

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	(w)
4	<b>F</b>
Medical Concerns, if any (i.e., asthma, seizures, relev	ant medication information, etc
	_
4	<b>*</b>
Safaty Concorns / Special Accommodations	
Safety Concerns / Special Accommodations	NA.
	abrements:
20 4 20 E	+
4	<b>&gt;</b>
Wheelchair Needed?	
Yes No	
SMV Form Status (indicate if the form is attached, on file,	or not completed)
•	,
and the second	
Name of escort	
	-
4	<b>&gt;</b>
Other Notes, if any	
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4	-
	1000

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# Division of Youth and Family Services Transportation Signature Log

=	to Enrollee sign	
Vendor Name: <u>Division of Youth and Family Services (DYFS)</u> Provider Company Name:		
	Riders (Use "O" for No Shows)	
	III III III III III III III III III II	
Enrollee Name:Service Month:	TIME	
	Person(s) being transported	
Sel vice injoin	Date	_
	Reconcible Adult Signature	erson(s) Being Transported Start End Location ## Responsible Adult Signature   Time Time Time   Time